

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

## PLAINTIFF

LLOYD F. AUDETTE, PRO-SE

COURT CASE NUMBER  
05-10403-DPW

DEFENDANT UMASS CORRECTIONAL HEALTH,  
A Commonwealth Medicine Program

TYPE OF PROCESS  
SUMMONS/CIVIL CASE

## SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

UMASS CORRECTIONAL HEALTH

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
MEDICAL DIRECTOR, UMASS CORRECTIONAL HEALTH, ONE RESEARCH DRIVE  
SUITE 120C, WESTBOROUGH, MA 01581

## AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

LLOYD F. AUDETTE W#80971  
S.B.C.C./P.O. BOX 8000  
SHIRLEY, MA 01464

Number of process to be served with this Form - 285

ONE

Number of parties to be served in this case

ONE

Check for service on U.S.A.

2005

U.S. MARSHAL SERVICE  
BOSTON, MA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and/or Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Attorney's name unknown but attorney for codefendant is  
David J. Rentsch, Counsel/Legal Division  
Dept. of Correction  
70 Franklin Street, Suite 600  
Boston, MA 02110-1300  
(617) 727-3300, ext. 142

Signature of Attorney or other Originator requesting service on behalf of:

Lloyd F. Audette, pro-se

 PLAINTIFF  
 DEFENDANT
 

TELEPHONE NUMBER

NONE

DATE

3-12-05

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

No. 38

No. 38

Cheney Tolman

3/22/05

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Valerie MacLeod, Assistant

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

|                 |      |    |
|-----------------|------|----|
| Date of Service | Time | am |
| 3/24/05         | 3:30 | pm |

Signature of U.S. Marshal or Deputy  
Cynthia Diane Robins

| Service Fee | Total Mileage Charges<br>(including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| 45.00       | 10.22  | —              | 55.22         | —                | —                              | —                |

REMARKS:

## UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

LLOYD F. AUDETTE,  
Plaintiff  
V.

**SUMMONS IN A CIVIL CASE**

UMASS CORRECTIONAL  
HEALTH, ET AL.,  
Defendants

CASE C.A. 05-10403-DPW

**TO:** (Name and address of Defendant)

UMASS CORRECTIONAL HEALTH, A Commonwealth Medicine Program

**YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)**  
**LLOYD F. AUDETTE, PRO SE**

\* or answer as otherwise required by the Federal Rules of Civil Procedure.

an answer to the complaint which is herewith served upon you, 20\* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH ALLISON THORNTON

CLERK



(By) DEPUTY CLERK

3/7/05

DATE



AO 440 (Rev. 10/93) Summons in a Civil Action

## RETURN OF SERVICE

|  |                            |
|--|----------------------------|
| Service of the Summons and complaint was made by me <sup>(1)</sup> | DATE                       |
| NAME OF SERVER (PRINT)   | TITLE                      |
| <i>Cynthia DeCaire-Bohn</i>  | <i>Deputy U.S. Marshal</i> |

*Cynthia DeCaire-Bohn*  
Check one box below to indicate appropriate method of service

 Served personally upon the third-party defendant. Place where \_\_\_\_\_ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were \_\_\_\_\_

 Returned \_\_\_\_\_ Other (specify): *Walterie MacLeod, Assistant  
UMass Correctional Health  
One Research Dr.  
Westborough MA 01581*

## STATEMENT OF SERVICE FEES

| TRAVEL | SERVICES | TOTAL |
|--------|----------|-------|
|        |          |       |

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 3/24/05

Date

*Cynthia DeCaire-Bohn*

UNITED STATES MARSHALS SERVICE  
HAROLD D. DONOHUE FEDERAL BLDG.

*Address of Server*  
595 MAIN STREET  
WORCESTER, MA 01608

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.